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for the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO Complete if Known INFORMATION DISCLOSURE 09/740,502 **Application Number** STATEMENT BY APPLICANT December 19, 2000 **Filing Date** Boone, Barry **First Named Inventor** 3623 **Group Art Unit** Boyce, Andre **Examiner Name** Attorney Docket No: 2043.012US1

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Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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INFORMATION DISCLOSURE Complete if Known 09/740,502 **Application Number** STATEMENT BY APPLICANT (Use as many sheets as necessary) December 19, 2000 **Filing Date** Boone, Barry **First Named Inventor** 3623 **Group Art Unit** Boyce, Andre **Examiner Name** Attorney Docket No: 2043.012US1 Sheet 2 of 2

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